

Exhibit J

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
HUNTINGTON DIVISION

CHRISTOPHER FAIN, *et al.*, individually and
on behalf of all others similarly situated,

Plaintiffs,

v.

WILLIAM CROUCH, *et al.*,

Defendants.

CIVIL ACTION NO. 3:20-cv-00740

HON. ROBERT C. CHAMBERS, JUDGE

EXPERT REBUTTAL REPORT OF DR. JOHANNA OLSON-KENNEDY, M.D., M.S.

I, Johanna Olson-Kennedy, M.D., M.S., declare as follows:

1. My name is Johanna Olson-Kennedy. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation.

2. I have been asked by Plaintiffs' counsel to provide my expert opinion on gender identity, the treatment and diagnosis of gender dysphoria, particularly as it pertains to children and adolescents, and to respond to, rebut, and provide my expert opinion regarding the report by Dr. Stephen B. Levine in this case ("Levine Report").

3. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

I. BACKGROUND AND QUALIFICATIONS


4. I received my Doctor of Medicine (M.D.) degree from the Chicago Medical School in 1997. In 2000, I completed my residency in pediatrics at the Children's Hospital of

which demonstrate the safety and positive impact of gender affirming medical interventions. Additionally, larger longitudinal studies are currently underway to help substantiate the significant existing data we have. (de Vries, et al, 2021; Weinand, 2015).

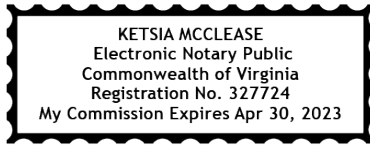
55. Additionally, although it is not possible to ethically conduct randomized control trials for gender-affirming care, we have a large de facto group of untreated individuals with gender dysphoria who experience significant psychiatric symptoms because of widespread barriers to access to care. Clinicians who are competent in the care of transgender individuals practice according to a “first do no harm” ethic which understands that doing nothing is not a neutral option for those with gender dysphoria. Multiple studies have demonstrated the safety of gender affirming hormones, and a growing body of evidence does the same with regards to the safety of GnRH analogs. (Kuper, et al., 2020; Chew, et al., 2018; Colton-Meier, et al., 2011). The same is true with regards to surgery. (Marano, et al., 2021; Olson-Kennedy, et al., 2018; Murad, et al., 2010; Smith, et al., 2005; Pfafflin & Junge, 1998).


56. Dr. Levine inaccurately suggests that diagnosis of gender dysphoria is done solely through a patient’s self-diagnosis. Levine Report ¶ 148. His critique demonstrates a fundamental misunderstanding of how gender affirming care is provided. While we have continued to attain a greater understanding about the etiology of gender incongruence, patients do not “self-diagnose,” as Dr. Levine suggests. However, it is not unusual or extraordinary in medicine for a provider to consider patients’ reports of their symptoms as part of the medical assessment. Much like the diagnosis of many clinical conditions, providers rely on self-report to ascertain accurate diagnoses. Consider the diagnosis of chronic fatigue. The diagnostic criteria for this diagnosis include the following: fatigue so severe that it interferes with the ability to engage in pre-illness activities; of new or definite onset (not lifelong); not substantially alleviated

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed this 17 day of March, 2022.


Johanna Olson-Kennedy (Mar 17, 2022 10:26 PDT)
Johanna Olson-Kennedy, M.D., M.S.

Subscribed and sworn before me, a Notary Public in and for the County of Norfolk, State of
Virginia, this 17 day of March, 2022.





Signature of Notary

This notarial act was performed online by way of
two-way audio/video communication technology.



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Final Audit Report

2022-03-17

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